

DEPARTMENT OF HEALTH SERVICES

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April 12, 1999



TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 99-16

PROCEDURES FOR REVISED MAIL-IN APPLICATION FOR CHILDREN AND PREGNANT WOMEN

Ref.: All County Welfare Directors Letters (ACWDL) Nos. 95-28, 95-52, 98-06, 98-09, 98-16, 98-19, 98-39, 98-42, 99-01 and EMC2 DHS No. 98104

The purpose of this letter is to provide counties with information and instructions on the newly revised mail-in application and process for children and pregnant women. The revised application will be printed in English and Spanish by March 30, 1999 and drop shipped to locations throughout the state by the end of the second week in April. Counties are to implement these instructions upon their receipt of the first revised mail-in application.

Counties were instructed to implement the simplified Medi-Cal application package and mail-in process for children and pregnant women in June 1998. ACWDL 99-01 was subsequently issued providing counties with clarification of policies and procedures for processing these applications.

In October 1998, an application revision workgroup was convened. The workgroup consisted of representatives from the Department of Health Services, the Managed Risk Medical Insurance Board, children's health advocacy groups, legal aid groups, providers, county welfare departments, other state agencies, and community-based programs. The workgroup's charge was to give recommendations on improving the mail-in application forms and process in order to encourage families to enroll their children in health care coverage. Based on this workgroup, a revised joint mail-in application for Healthy Families and Medi-Cal for children and pregnant women was developed.

Counties must continue to follow the basic policies and procedures contained in ACWDL 99-01 for processing mail-in applications for children and pregnant women. Eligibility is determined for the child(ren) or pregnant woman prior to other family members. Counties are not to routinely require mail-in applicants to come in for a face-to-face interview. Face-to-face interviews should be rarely requested and only in the circumstances specified in State law.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 2

Further, counties are not to require information or verification beyond that requested in the mail-in application.

The revised application eliminates the income self-screening section. Applicants are not required to determine whether they may be eligible for Healthy Families or no-cost Medi-Cal. Applications will be mailed to a single administrative vendor (Electronic Data Systems) and will be screened for income eligibility. The administrative vendor will then forward the application to the appropriate program. Medi-Cal applications will now be forwarded to the county by the administrative vendor after the screening process rather than through the central clearinghouse.

The administrative vendor will not normally return applications which lack documentation or are incomplete. Therefore, some applications that counties receive may be incomplete, and the county may have to request this information. The administrative vendor will have four working days to complete its screening process for an application and will have the capability through an 800 line to inform applicants of the status of their review; i.e. screened and forwarded to the county for Medi-Cal or screened for the Healthy Families program.

I. SINGLE POINT OF ENTRY AND SCREENING PROCESS FOR MAIL-IN APPLICATIONS

- A. A pre-addressed envelope is provided with the application forms for return to the administrative vendor. The administrative vendor for receipt and screening of the mail-in applications is Electronic Data Systems (EDS). EDS is also the enrollment vendor for the Healthy Families program.
- B. EDS will screen applications first for no-cost Medi-Cal. The income screening process includes determining the Medi-Cal Family Budget Unit and income and applying all Medi-Cal income deductions. If applicable, the screening process will also use the Sneed rules of income to determine potential eligibility for no-cost Medi-Cal.
- C. If the screening process indicates potential eligibility for no-cost Medi-Cal, the application will be forwarded to the county of residence. EDS will conduct a screening process only. The county is still responsible for doing the Medi-Cal eligibility determination. If the screening process indicates potential eligibility for the Healthy Families program, EDS will process the application. A notice will be

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 3

sent to the applicant to indicate whether the application was sent to the county of residence for a Medi-Cal eligibility determination or to EDS for a Healthy Families eligibility determination. When an application is forwarded to the county by the administrative vendor, a transmittal form will be included to indicate the application has been screened by the single point of entry.

- D. The Medi-Cal application date is the date stamped on the forms by EDS. (See ACWDL 99-01.)
- E. If the application is mailed to or dropped off at the county office rather than going through the single point of entry, counties are NOT to send the application to the single point of entry. Counties must determine Medi-Cal eligibility and take appropriate action on the Medi-Cal application. The date of application in this situation is the date the county receives the application.

II. REVISED MAIL-IN APPLICATION FORMS AND COUNTY PROCEDURES UPON RECEIPT

- A. As indicated above, screening will be done at the single point of entry. The revised application has no income self-screening section for the applicant to complete.
- B. Needed eligibility information is completed only for the children and pregnant woman for whom coverage is requested. (See Section IV below for county procedures if other family members wish to apply for Medi-Cal.)
- C. The revised application does not include form MC 13 Mail-In. A yes or no response for question 25 on the application, along with proof of immigration status, if appropriate, is all that is being required for mail-in applicants until further notice. Applicants have 30 days to provide immigration documentation. If counties have all the information necessary for an eligibility determination, the child must be approved for Medi-Cal with full-scope benefits pending receipt of an immigration document. If the county does not receive an immigration document within 30 days, reduce benefits to restricted scope coverage after a ten-day notice of action period. When the county receives an immigration document which establishes that the applicant is NOT in a full-scope eligible

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 4

immigration status, issue a ten-day notice of action as soon as possible, and reduce benefits to restricted scope coverage.

- D. The revised application contains a short list of Medi-Cal rights and responsibilities. Counties must send a full MC 219 to all cases upon receipt of the revised application form. A return signed copy of the MC 219 is not required; however, counties must document in the case file that the MC 219 was sent and when.
- E. The Child Health and Disability Prevention (CHDP) Program brochure is not included with the revised mail-in application and instructions. Upon receipt of the revised mail-in application, counties are to send the CHDP brochure to the applicant. The CHDP brochure may be mailed as the same time as the MC 219.

III. CHANGE IN VERIFICATION REQUIREMENTS

REMINDER: Verification of income which shows employment in California is sufficient proof of California residency. (See ACWDL 99-01)

- A. Counties will continue to follow instructions issued in ACWDL 99-01 on verification policies and procedures for children and pregnant women with the following change:
 - 1. **Because the face-to-face interview has been eliminated for Medi-Cal mail-in applications, verification of identity for mail-in applicants is no longer required.** Applicants who are required to have a face-to-face interview are still required to provide verification of identity.

NOTE: There may be instances when counties receive copies of birth certificates since this a verification requirement for Healthy Families. Birth certificates are **NOT** a requirement for Medi-Cal eligibility. Counties may retain these copies in the case record but are not to require them as part of Medi-Cal verifications.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 5

B. For mail-in applications for pregnant women and children ONLY, the following income verification change is implemented.

1. The most recent pay stub may be accepted as verification of income rather than requiring all pay stubs received in the last 30 days.
 - a. If there is a discrepancy between the amount reported on the application and the pay stub submitted as verification, counties may request further pay stubs to determine correct income amount. For example, if monthly income of \$1,000 is listed in Section 4 of the application and a pay stub is submitted for verification which clearly shows earnings of \$1,000 for a one-week period only, counties may request further verification. However, if the pay stub submitted accurately reflects the amount of income reported in Section 4 of the application, counties are NOT to require additional income verification.
2. A copy of last year's federal income tax return is acceptable income verification. Counties are to divide the gross income amount reported by 12 to ascertain the monthly income amount. Counties are then to use that monthly income figure to determine eligibility.

IMPORTANT: The above income verifications are acceptable for the mail-in application for children and pregnant women **ONLY**. Other family members, such as parents, who are applying for benefits must continue to provide income verification according to existing Medi-Cal program policies and procedures.

3. The revised application instructions tell applicants to explain any anticipated fluctuations in family income in the next few months on a separate piece of paper. If the county receives such information on anticipated changes, the county must contact the applicant by telephone or mail to clarify family income in order to make an accurate eligibility determination.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 6

IV. COUNTY FOLLOW-UP FOR OTHER FAMILY MEMBERS AND FURTHER CASE ACTION

REMINDER: If there is a yes response to question 31 or 32 on other health, dental or vision insurance and/or a yes response to question 48 on a pending lawsuit due to accident or injury, counties must follow existing procedures and complete the Health Insurance Questionnaire (DHS 6155). For the mail-in application, counties may contact the applicant by telephone to obtain the necessary information and submit the DHS 6155 to the Department of Health Services, Health Insurance Section, without the applicant's signature.

- A. If question 36 on page A2 of the application form is checked yes indicating that other family members wish to apply for Medi-Cal, counties must follow up by mailing a notice explaining potential eligibility and including forms needed to complete the eligibility determination. Suggested Notice of Action language was sent to counties with ACWDL 99-01.
- B. The revised mail-in application form does not contain needed information on other family members, such as date of birth and social security number (if applying for full-scope benefits). In order to obtain this information, a new form is being developed and a camera-ready copy will be sent to counties as soon as it is available. The new form is similar to the Supplement to the Medi-Cal Statement of Facts (MC 210-S-C) but is being revised to include information on parents as well as additional children. The property supplement (MC 322) must be completed for other family members applying for benefits.

REMINDER: A face-to-face interview must be conducted and a property eligibility determination made if family members other than children or the pregnant woman are applying.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 7

If you have any questions on the mail-in application procedures, please contact Ms. Helen Vaughn at (916) 657-1064. If you have any questions on verification requirements, please contact Ms. Judy Hamilton at (916) 657-3184. If you have any questions on immigration and alienage, please contact Mr. John Zapata at (916) 657-0725.

Sincerely,

ORIGINAL SIGNED BY
GLENDA ARELLANO for
Angeline Mrva, Chief
Medi-Cal Eligibility Branch